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New York

President: Mr. Al-Nasser ..... (Qatar)

In the absence of the President, Mr. Zinsou (Benin), Vice-President, took the Chair.

The meeting was called to order at 6.25 p.m.

High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases

Agenda item 117 (*continued*)

Follow-up to the outcome of the Millennium Summit

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Maithripala Sirisena, Minister for Health of Sri Lanka.

Mr. Sirisena (Sri Lanka): I consider it an honour and a privilege to address this gathering on dealing with the prevention and control of non-communicable diseases (NCDs).

At present, Sri Lanka is in the process of rapid development in all fields. Four decades ago, our average life expectancy was about 40 years. Today, that has been almost doubled. This is due to our achievements in maternal and child health services and the prevention and control of communicable diseases.

We have a major challenge before us now: the rise of non-communicable diseases, some of which are reaching epidemic proportions. More than 60 per cent of deaths are due to non-communicable diseases. Many Sri Lankans die prematurely from heart diseases, diabetes, hypertension and strokes.

I would like to express my appreciation for the services rendered by the United Nations specialized agencies — especially the World Health Organization and its South-East Asia Regional Office and Country Office for Sri Lanka, and the World Bank — and the Japan International Cooperation Agency for their advice, support and cooperation in controlling these diseases.

We have committed ourselves to prevent and control non-communicable diseases by formulating a national NCD policy, creating a separate Non-communicable Disease Control Unit within the Ministry of Health and appointing qualified NCD medical officers for each district. The Sri Lankan Government has allocated sufficient annual grants specifically to control non-communicable diseases.

I take this opportunity to request the General Assembly to establish a global fund to prevent and control non-communicable diseases. I consider the United Nations to be the apex body that can provide support to prevent and control non-communicable diseases in Sri Lanka. I also take this opportunity to thank the international community for assisting to rebuild Sri Lanka. We need that continued support.

With the political commitment and the priority given to NCD prevention and control, we are confident that Sri Lanka can be a lead country in the region in implementing an effective nationwide NCD programme. Our policy objective is to reduce premature mortality due to chronic NCDs by 2 per cent every year for the next ten years.

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The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Arturo Bendaña, Minister for Health of Honduras.

Mr. Bendaña (Honduras) (*spoke in Spanish*): I am happy to extend warmest greetings to the Assembly on behalf of the Government of the Republic of Honduras, led by President Porfirio Lobo Sosa, at today's meeting on a subject of the utmost importance.

My country has followed this process from the outset, conscious of and steadfast in our commitment to support, together with all Member States, the proposals contained in the Declaration of this High-level Meeting (resolution 66/2, annex), including, inter alia, health, education and welfare. But above all, it enables us to fight the epidemic of overweight and obesity.

Statistics show that the current chief causes of death worldwide are chronic diseases, among them myocardial infarction, stroke, diabetes and chronic obstructive lung disease. In Honduras in particular, 47 per cent of women are overweight or obese. National studies conducted in 2010 concerning death in women of reproductive age show that the main causes are external injuries and cancer. Another public health problem is chronic kidney disease, which is increasing every year, principally due to diabetes and hypertension. Our institution is therefore in the process of setting up a histocompatibility testing laboratory.

Similarly, we have made necessary changes in our organizational structures, establishing strategic alliances designed to tackle the prevention and control of risk factors such as overweight, obesity, alcohol abuse and tobacco use. Among other efforts, Congress has enacted and we have implemented a national law on tobacco use. Since the act's adoption, in Honduras smoking in any enclosed space, including bars and discothèques, has been banned. Tobacco advertising is prohibited and health warning labels on packaging are compulsory. We are also working hard to ensure that the law is observed nationwide.

At present, we are formulating national standards for controlling and preventing chronic non-communicable diseases (NCDs), using as a framework the four diseases and four risk factors cited in the Ministerial Declaration following the high-level consultation on obesity held in Mexico City in February. However, we have also established national standards for maternal and neonatal care, which require body-mass index records as well as testing for hypertension, diabetes, cardiopathy and anaemia.

The epidemiological burden and estimated direct costs that such pathologies represent impose a high strain on the health system of the region in terms of specialized care, hospitalization, medicines, medical supplies and equipment, disabilities and premature death. We should also remember that such burdens continue to raise costs for households and thus in turn result in greater poverty.

For Governments, implementing prevention is a challenge and halting the epidemic will not be easy. We will have to overcome obstacles and rely on the support of the industrial and business sectors. We recognize this problem at the regional level, addressing it across the board through the Council of Central American Ministers of Health and the Central American and Dominican Republic Health Sector Summit, with the support of the Technical Commission for Chronic Non-communicable Diseases and Cancer, based on the Declaration of Mexico and Guatemala.

Since participating in the Mexico summit, I have requested the support of my country's President and First Lady in dealing with this issue through every Government department. Adopting the Political Declaration (resolution 66/2, annex) adopted at this meeting will prepare present and future generations to adopt healthy lifestyles and behaviour.

We must not forget that non-communicable diseases and their risk factors are closely linked to achievement of the Millennium Development Goals, such as eradicating extreme poverty and hunger; reducing child and maternal mortality; combating HIV/AIDS, malaria and tuberculosis and other serious diseases; and promoting international cooperation.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Slaheddine Sellami, Minister for Health of Tunisia.

Mr. Sellami (Tunisia) (*spoke in Arabic*): Allow me to begin by offering my appreciation and gratitude to Secretary-General Ban Ki-moon, who has spared no effort in organizing this meeting, which gives concrete form to international hopes to establish an effective strategy for combating non-communicable diseases (NCDs).

I would also like to proudly emphasize the fact that this meeting is being held at the same time as we

are witnessing the Arab Spring, which has helped to promote solidarity among the peoples of the world in their determination to apply all their potential to improving the prosperity and dignity of humankind. Tunisia reaffirms the importance of the resolutions adopted by various sessions of the General Assembly and the World Health Organization (WHO), as well as the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases. Tunisia fully endorses that document and is committed to working for its implementation at the national level.

In addition, Tunisia is aware of the importance of the lofty objectives of this meeting and calls for affirming people's right to health at all political and institutional levels. In order to achieve this, we must work transparently to meet our peoples' social and economic needs, particularly where health is concerned.

In Tunisia as in many other brotherly and friendly countries, we are going through very heady but promising transitional times. The international community should not just stand by and watch, but should support us through the speedy implementation of short- and long-term programmes and measures to help us realize the aspirations of our peoples.

In our country as in others around the world, NCDs are a widespread health problem. Numerous studies have shown that they are proliferating rapidly, as are the concomitant dangers. Tunisia welcomes the convening of this meeting and the establishment of an integrated and coordinated plan to prevent and control NCDS.

We stress the need for prevention and monitoring, which make it possible at least to delay the onset of NCDs and their symptoms by changing eating habits and lifestyles. I would also like to emphasize that Tunisia has adopted and implemented the WHO's recommendations in this regard, including in its food and sport strategies and campaigns against cancer and diabetes. We have thus acquired a great deal of experience that we are happy to share with brotherly and friendly countries.

The establishment of a multilateral network for preventing and controlling NCDs is extremely important, and we are investigating how best to promote such a network through Government organizations and civil society. Containing this major problem calls for mobilizing human and material resources within the health-care system, particularly in terms of medications and evaluation of the socio-economic impact of NCDs, while simultaneously working towards early prevention of such risk factors as tobacco consumption, poor nutrition, lack of physical activity and unhealthy lifestyles among children.

Tunisia takes this opportunity to appeal to all developed countries and donors to take steps and adopt mechanisms that will allow us to respond to the needs created by the current political social and economic changes and to achieve comprehensive sustainable development.

In conclusion, I wish this meeting every success and welcome the adoption of the Political Declaration (resolution 66/2).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Enrique Ona, Secretary of the Department of Health of the Philippines.

Mr. Ona (Philippines): In recent years, the Philippines has noted the global emergence of non-communicable diseases (NCDs) as a major threat to public health alongside the unresolved issue of infectious diseases.

The health profile of our country has changed considerably, given the increase in life expectancy, rapid urbanization and lifestyle trends. Current data shows tnat the leading causes of morbidity and mortality are communicable and non-communicable diseases. Among the 10 leading causes of mortality, seven are non-communicable diseases, such as diseases of the heart, diseases of the vascular system, malignant neoplasm, accidents, diabetes mellitus and renal disease. As to the leading causes of morbidity, hypertension is fourth and diseases of the heart seventh.

The chronic care and lifelong treatment, as well as the catastrophic costs associated with interventions for acute attacks and complications, have become a source of great economic burden and inequity among our population. We likewise recognize that injuries, accidents and mental health disorders are additional burdens that require parallel attention. We note that non-communicable diseases have also been specifically linked to risk factors such as tobacco use, unhealthy

diet and physical inactivity, among others. These risk factors can all be modified, thus making these diseases and the resulting premature deaths highly preventable.

The Philippines is fully committed to addressing the issues of lifestyle-related non-communicable diseases. The country's health reform agenda of universal health care works on three fronts to achieve financial risk protection for all, improve access to quality health services, and focus on attaining our Millennium Development Goals (MDGs) through our MDGmax campaign, which includes non-communicable diseases.

Financial risk protection is being increased through rapid expansion of the national health insurance programme using national subsidies to enrol the poor. Benefit delivery is being improved through case rate schemes that ensure zero co-payment for the poor for 22 of the most common medical and surgical procedures, including packages for radiotherapy, hysterectomy, mastectomy, thyroidectomy, essential hypertension and cardiovascular accidents. Access to quality hospitals and health-care facilities is being improved through the upgrading of the infrastructure and equipment of all our health facilities throughout the country.

The Department of Health's complete treatment packs for hypertension and diabetes are being provided at the lowest cost, so as to give the poor access to a month's complete supply of their maintenance drugs. MDGmax incorporates a focus on NCDs, along with the health-related MDGs. Community health teams are being fielded to visit all families in the country, in particular those belonging to the two poorest quintiles of our population, to provide key health services and health messages, including those for a healthy lifestyle.

Recently, the country formulated a framework focusing on strengthening the prevention and control of lifestyle-related non-communicable diseases anchored on the following strategies: adoption of an integrated, comprehensive and community-based response to combat chronic lifestyle NCDs; intensified health promotion strategies and secondary prevention directed at the reduction of risk factors to prevent morbidity and mortality; and, lastly, a multi-stakeholder approach to strengthening systems to provide an enabling environment for the adoption of a healthy lifestyle.

The country strongly supports the call for action to strengthen the prevention and control of chronic lifestyle related non-communicable diseases. Programmes and strategies addressing the common modifiable risk factors of these diseases, such as tobacco use, physical inactivity, unhealthy diet, stress and alcohol use, have been instituted. Smoke-free environments are promoted through such activities as the annual Red Orchid Award to local Governments and Government offices. Priority legislation is restructuring the sin taxes to deter youth from smoking. Continuing implementation of the Clean Air Act is being pursued.

We need to take measures to foster production of food crops and products consistent with a healthy diet and to promote the regulation of food through appropriate labelling standards. We need to expand our disease registries for NCDs and establish more extensive surveillance systems that capture all the data needed to track and manage NCD morbidity and mortality, its risk factors, and the capacity of the health system to address NCDs.

The urgent need to combat this growing menace is borne out by data and experience. The key ideas, targets, indicators and strategies to bring the health sector closer to the outcomes sought regarding NCDs have been established. This enormous task will engage our efforts in the long run and require reforms to build health systems that can tackle the peculiarities of preventive measures and chronic care that NCDs require. Information across teams of professionals tackling NCD co-morbidities, access to lifelong health services, and multisectoral partnerships for health promotion are just some of the challenges health systems face in seeking successful outcomes. Let us commit ourselves to winning, and to starting now.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Charles Sigoto, Minister for Health and Medical Services of the Solomon Islands.

Mr. Sigoto (Solomon Islands): I thank you, Sir, for giving me the floor to make a statement at this very important meeting. The prevalence of non-communicable diseases (NCDs) in the Pacific has reached epidemic level, claiming six out of 10 lives. The huge costs associated with NCDs have placed great stress on our limited health resources. This development is already undermining Solomon Islands' social and economic development and creating pockets of poverty around the country.

Addressing NCDs calls for a national and global system-wide approach. Based on current statistics, 80 per cent of NCD deaths occur in the developing world. NCDs are thus regarded as a development issue as well.

Solomon Islands is located in a disaster-prone region. The impact of climate change has brought an increased frequency of droughts and floods, sea-level rise and loss of biodiversity, triggering food and water insecurity. These disasters have pushed portions of our population from their traditional ancestral lands to urban centres, where they rely ever more on imported food. These populations in particular become more vulnerable to NCDs.

For Solomon Islands, time is of the essence. We are one generation away from reaching the tipping point, when managing NCDs will become a challenge. Prevention remains the cornerstone of our policy. We have therefore put in place our NCD Strategic Plan 2011-2015. Like any other developing country, we will need increased, predicable and sustained external resources. In the short to medium term, official development assistance remains the lifeblood of our national programme.

I say this against a background in which any NCD programme, to be successful, will need to include national primary health coverage for a population scattered across a chain of more than 900 islands stretching 1,800 km. This will need political, practical and financial investments.

I am pleased to say that my country is in the midst of developing a new strategy of moving health resources and services to the rural areas, where 85 per cent of the population reside. There is currently a huge disparity in health services between rural and urban populations in Solomon Islands, and we are working to correct that. We will be encouraging partner countries to invest more in the health services in the informal sector.

Work has already started, using a sector-wide approach with our development partners, including the Australian Government Overseas Aid Program, the Japan International Cooperation Agency, Taiwan, the Secretariat of the Pacific Community, the World Bank and United Nations agencies such as the World Health Organization, UNICEF and the United Nations Population Fund. However, much more needs to be done, and we look forward to a collaborative effort spearheaded by the Ministry of Health and other central agencies and line ministries in an integrated manner.

Thirdly, there needs to be a global effort to guarantee access to affordable, safe and effective quality medicine, including diagnostic services matched with skilled manpower to deliver such services. Too often NCD-affected populations are reluctant to get tested, as usually there is only limited treatment available. We must ensure that everyone receives adequate treatment, since we have sufficient finance and medication to turn things around.

My delegation regrets the emphasis on market concepts in the NCD outcome document (resolution 66/2, annex). For many people in developing countries this is a social justice issue — it is a human right that everyone should enjoy the highest attainable standard of physical and mental health, especially when many of us have narrow-base economies and operate on the periphery of the international system.

Managing the inherent risks of NCDs cannot succeed as a standalone policy but must be embedded within a multisectoral, cost-effective, population-wide intervention. We are a least-developed country. The Istanbul Programme of Action, once implemented, will call for simple investment in smallholder farmers, allowing our populations to shift from slash-and-burn techniques to commercial agriculture. We need technology and infrastructure to establish food banks and phase out environmentally unfriendly and destructive economic operations such as logging.

My delegation would like to acknowledge the Republic of China, Taiwan, for the life-saving assistance it has provided to my country. Taiwan has not only constructed our national referral hospital but continues to provide teams of visiting specialist doctors who perform life-saving surgery, especially for the growing number of the people who have fallen through the cracks of NCD-prevention campaigns. We wish to acknowledge their Observer status at the World Health Assembly over the last there years. We would like to see a similar reception accorded to Taiwan in other United Nations specialized and treaty bodies, including the International Civil Aviation Organization and the United Nations Framework Convention on Climate Change.

The recent Pacific Health Ministers' meeting held in our capital, Honiara, concluded with a communiqué

declaring that NCDs are now an epidemic and a crisis in the Pacific. This was further endorsed by the Pacific Island Forum leaders in Auckland, New Zealand. We therefore look forward to and anticipate a positive outcome from these two days of meetings. There has to be a global commitment to supporting and further strengthening the regional position and plans that have been made by our leaders in both Honiara and Auckland.

Solomon Islands has invested in South-South cooperation to combat NCDs. We have today sent 72 students to study medicine on this side of the world, and we are hoping to send an additional 15 this year. We remain grateful to the Cuban Government for its offer of assistance. Support given by Cuba complements investment we have in students studying in Papua New Guinea and Fiji. We also are grateful to our two Pacific neighbours.

Let me close by stating that there is a tendency to say the right thing in such high-level meetings but to fail to walk the talk when we leave New York. We all know what needs to be done, but we continue to lack the political will to do the right thing. We pray this will not the case following this High-level Meeting. We can only urge everyone here that, whatever commitment made here, let us act on it with haste, as lives depend on it and are at stake.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sambuu Lambaa, Minister for Health of Mongolia.

Mr. Lambaa (Mongolia) (*spoke in Mongol; English text provided by the delegation*): It is of the utmost significance that the General Assembly has decided to convene a High-level Meeting on the Prevention and Control of Non-communicable Diseases, as the number of people affected by such diseases is increasing rapidly due to urbanization and lifestyle factors such as diet and nutrition, physical activity, alcohol and tobacco use.

Non-communicable diseases (NCDs) are the leading causes of morbidity and mortality among the adult Mongolian population. Over the past 10 years in Mongolia, as in other countries in our region, heart disease and cancer have been the leading causes of death and represent the majority of adult deaths.

I would like to take this opportunity to thank the United Nations for the ongoing technical and financial support provided to the Government of Mongolia by the World Health Organization for the prevention and control of non-communicable diseases. This assistance has served to advance our national programme and integrate international best practices for disease prevention and control.

In 2008, my Government entered into a compact with the Millennium Challenge Account, which included $339.1 million for a health project on the prevention and control of NCDs and road traffic injuries. This national project has greatly accelerated the pace of introduction of internationally recognized prevention, early detection and case management services, and public education and training for Mongolian professionals.

The Government of Mongolia is proud that it has significantly increased its contribution to public education on NCD risk factors through excise taxes on tobacco and alcohol. These taxes have generated resources for a health promotion fund to reduce rates of smoking and alcohol abuse. As a result of these and other combined measures, the pace of deaths caused by the most common non-communicable diseases has levelled off and early detection of these diseases has improved.

Despite these achievements, tobacco use — one of the most common risk factors contributing to NCDs — is rising among key target populations, including mothers and youth. This has serious implications for our country and the health of future generations. In addition, alcohol consumption and substance abuse have increased among youth and is now a major factor contributing to accidents, road traffic injuries, crime, violence and unemployment. Studies have shown that alcohol abuse is also associated with poverty in Mongolia.

From this rostrum, I would therefore like to take this opportunity to draw the attention of representatives attending this High-level Meeting to the following important matters. My Government stresses the importance of developing and endorsing an international convention on alcohol control, similar to the WHO Framework Convention on Tobacco Control, to guide the combined efforts of the international community. My Government stands fully committed to cooperating on this initiative.

In conclusion, I would like to reiterate Mongolia's firm commitment to the Action Plan for the

Global Strategy for the Prevention and Control of Non-communicable Diseases adopted by the World Health Assembly, and to assure the Assembly that my Government stands fully committed to adopting and implementing the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex).

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Onyebuchi Chukwu, Minister of Health of the Federal Republic of Nigeria.

Mr. Chukwu (Nigeria): I will read out a statement by Mr. Goodluck Ebele Jonathan, President of the Federal Republic of Nigeria.

> "I join other representatives in congratulating the President of the General Assembly on convening this very important meeting on non-communicable diseases (NCDs). I would also like to commend the Secretary-General for his detailed report (A/66/83). This has provided insight into the challenges that lie ahead and motivated the world to action. I am honoured to be part of history as the world tackles this matter of great concern to the global community, Africa and my own country, Nigeria.
>
> "We all know that non-communicable diseases are a spectrum of diseases, usually chronic in nature, typically non-contagious or non-infectious and causing long-term debilitation and disability. They are a major killer and are responsible for 60 per cent of global deaths, with 82 per cent of this burden occurring in low- and middle-income countries. This is further compounded by their co-morbidity with communicable diseases, and together they pose serious and increasing challenges to the health systems in developing countries.
>
> "This increasing prevalence is threatening to erode all the gains we have made in the fight against communicable diseases. The major NCDs ravaging our populations include cardiovascular diseases, diabetes mellitus, cancers, chronic respiratory diseases, hemoglobulinopathies, especially sickle cell disease, mental health disorders, road traffic injuries, violence, with morbidity varying from country to country.
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> "Among the known hemoglobulinopathies, the one peculiar to us is sickle cell disease. More than 20 per cent of our population 15 years of age and above have the sickle cell trait. Every year, an estimated 150,000 babies are born with sickle cell disorder. One sure way of eliminating sickle cell disease is by genetic counselling and screening. However, those who already have the disorder must be taken care of because they have the right to life, and we have taken the following steps.
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> "At the national level, hospitals have sickle cell units and a national sickle cell centre was established in Lagos. Recently, having recognized the challenge that sickle cell disorder and its attendant stigma poses to the attainment of Millennium Development Goals 3, 4, 5 and 6 and to further strengthen what we are doing, the Government established four new special centres for the control and management of the disease. We have plans to expand this and to include research aimed at improving the lives of people affected by this and other NCDs.
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> "Today, 8 million Nigerians are hypertensive, while 4.8 million are living with diabetes mellitus. Each year, 100,000 new cases of cancer are diagnosed in Nigeria and the burden of chronic respiratory diseases, many of them tobacco-related, is similarly heavy.
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> "I am happy that trauma and injuries from road traffic accidents have been included in the NCDs agenda. While a significant proportion of our population die from both communicable and non-communicable diseases, an equally significant proportion who were healthy are being killed by road traffic accidents. Annually, 10,000 Nigerians die from road traffic accidents. It is therefore pleasing to note that the United Nations Decade of Action for Road Safety is bringing attention to this issue. We should use the opportunity of the declaration to address all the factors that contribute to road traffic accidents.
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> "There is a need to pay greater attention to the issue of mental health. This aspect of health has largely been neglected, as only one-fifth of those affected receive treatment. The world should support these efforts at this meeting.
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> "Malnutrition has been identified as a factor for most of the NCDs. Poor nutrition has continued to remain an issue in Nigeria and the

rest of Africa, affecting children and adults alike. Worldwide patronage of fast food and refined food establishments has led to excessive intake of salt and refined sugar. Of interest is the high caloric intake resulting from these sugars, promoting overweightness and obesity.

"Women and children are considered to be a high-risk group in the development of nutritional disorders. Micronutrient deficiencies during pregnancy predispose babies to the development of anaemia, low birth weight and congenital malformations. Childhood malnutrition has an effect on the mental and physical development of children later in life. In Nigeria, we are dealing with these issues through a deliberate policy of fortification of certain foods, such as salt, with iodine and milk and bread with vitamins.

"The consequences of NCDs are poor health and serious economic loss. For instance, heart disease, stroke and diabetes alone cost my country an estimated $800 million annually, which is expected to rise to $7.6 billion cumulatively by 2015. This is an unacceptable economic loss. It is my hope that this meeting will come out with global commitments that will strengthen the international resolve ultimately and drastically to reduce the burden of NCDs.

"We in Nigeria are doing our best to meet the challenge that non-communicable diseases pose to our health, our livelihood and our progress. Indeed, the development and prioritizing of the health sector through the implementation of a national strategic care development plan is a critical part of my Government's transformation agenda. The national health plan is structured as a vehicle for action at all levels of the health-care delivery system, including the achievement of the Millennium Development Goals and other national, regional and international health goals and priorities.

"NCDs are not only controllable — that is the good news — but they are also preventable. So Nigeria, realizing the threat of NCDs, has decided to take major steps to respond to this epidemic. We have developed a national policy on NCDs. We have also banned advertisements and the use of tobacco products in public places since 1990. Our federal capital, Abuja, has led the way and is a tobacco-free city. We have also signed and ratified the World Health Organization Framework (WHO) Convention on Tobacco Control. The process of domestication of the WHO treaty is ongoing, and the National Assembly has recently passed the National Tobacco Control Bill.

"The challenge of human resources in health, including adequate funding, screening and the provision of diagnosis and treatment infrastructure for NCDs are all militating against the process of achieving appreciable progress in combating NCDs. The global community's fight against NCDs requires considerable effort in tackling major non-communicable diseases in developing countries, which bear 80 per cent of the burden.

"I want to take this opportunity to acknowledge the contributions of our partners, both international and local, in the areas of the prevention and control of NCDs in my country, and Africa as a whole. I also want to use this forum to again thank the Secretary-General for convening the High-level Meeting on AIDS last June, whose purpose was to review progress with a view to guiding and intensifying the global response to HIV/AIDS. That meeting provided us with the opportunity to renew our commitments and promote continued political will and engagement to lead us in a comprehensive response to halt and reverse the HIV epidemic and mitigate its impact.

"Let me remind everyone here that the point that we are making is that we must not take our eyes off of communicable diseases such as HIV/AIDS and malaria. The gains have been tremendous and they must be sustained. I want Member States to consider the promotion of health and life and the control of NCDs as a global developmental objective. I also want to invite Member States, through the United Nations, to incorporate combating NCDs as an important component of Millennium Development Goal 6.

"Finally, let me take this opportunity to call for more urgent and concerted efforts at the global level, in the true spirit of partnership, to

contain the scourge of non-communicable diseases."

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Sredoje Nović, Minister for Civil Affairs of Bosnia and Herzegovina.

Mr. Nović (Bosnia and Herzegovina) (*spoke in Bosnian; English text provided by the delegation*): It is my great pleasure and honour to address the General Assembly on behalf of the Council of Ministers of Bosnia and Herzegovina and my country's health authorities in order to briefly inform members about activities undertaken by Bosnia and Herzegovina to prevent and control non-communicable diseases (NCDs).

Health, a complex process, is ever changing and is affected by numerous external influences, including factors in the physical, social and biological environments. Health care is not a matter for the individual alone, but for the wider community. Bosnia and Herzegovina has therefore opted for a multisectoral approach involving organized teamwork. Improving health requires ensuring basic preconditions — concerning peace, protection, education, food, income, a stable economic system, sustainable funding, social justice and equity. That is an important political objective of every country, including Bosnia and Herzegovina.

The world population's health — especially in the countries of Central and Eastern Europe, including Bosnia and Herzegovina — is undergoing a process of significant transition. The health transition in Bosnia and Herzegovina has been driven by changes in the socio-political system and is reflected in the declining birth rate, the increase in the percentage of the population aged over 65, the overall structure of the population, an increase in mortality rates and changes in morbidity patterns.

Non-communicable diseases are the leading cause of death in Bosnia and Herzegovina and other countries in South-East Europe. Showing concern for equity and addressing the social determinants of non-communicable diseases require a whole-of-society response. This is closely linked to efforts to integrate health in all policies and public health efforts to promote health and prevent disease and promote individualized health care that combines prevention, control and management.

Bosnia and Herzegovina expresses its gratitude to United Nations agencies for their ongoing efforts to prioritize the fight against non-communicable diseases. Moreover, as the country chairing the South-Eastern Europe Health Network, Bosnia and Herzegovina expresses its appreciation to the United Nations and the World Health Organization (WHO), and in particular the WHO Regional Office for Europe, for supporting the implementation of various South-Eastern Europe Health Network activities.

I would like to take this opportunity to inform the Assembly that, on the occasion of the celebration of the Decade of Alliance for Public Health in South-Eastern Europe, the WHO Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank, the Regional Cooperation Council and the South-Eastern Europe Health Network, in cooperation with health authorities in Bosnia and Herzegovina, will organize the third Health Ministers Forum on the theme "Health in all policies in South-Eastern Europe: A shared goal and responsibility", with the special participation of policymakers in South-East Europe from other governmental sectors and of the Regional Cooperation Council partners in South-East Europe. The Forum will be held in Banja Luka, Republika Srpska, Bosnia and Herzegovina, on 13 and 14 October.

The Forum is a milestone as a regional initiative within a larger process of improving health in South-East Europe in the context of the WHO Regional Office for Europe strategy, the Stability Pact for South-Eastern Europe and the future integration of the countries of South-East Europe into the European Union. The Forum is a part of a joint action plan of WHO and the Council of Europe for the countries of South-East Europe, namely, Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia.

The Forum, which marks a decade of concerted action in South-East Europe, will focus on European efforts at achieving equity and accountability in health, in line with major European resolutions, charters and declarations, treaties, frameworks and action plans, as well as the new WHO European health policy, Health 2020. The main purpose of the Forum is to introduce the values, priority areas and actions of Health 2020, including a health-in-all-policies approach, with the goal of achieving better health, equity and

accountability. That will lead to a renewed subregional commitment to public health in the countries of South-East Europe, which will sign the Banja Luka pledge. Two background documents are in preparation, on the themes "Health in all policies in South-Eastern Europe" and "Prevention and control of non-communicable diseases in South-Eastern Europe".

Bearing all of this in mind, as well as the fact that a significant increase in non-communicable chronic diseases in the past few decades throughout the world, including in Bosnia and Herzegovina, poses one of the major health challenges to the overall global and social development of society, Bosnia and Herzegovina strongly supports the synergy among existing global health institutions. Bosnia and Herzegovina will therefore work on establishing a collaborative network, in close cooperation with WHO and in consultation with other international organizations in the field of health, so as to support the full and effective implementation of international conventions and strategies in the field of health. We will also work to develop and coordinate our own policies in order to achieve the best possible results.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Narayan Kaji Shrestha, Deputy-Prime Minister and Minister for Foreign Affairs of Nepal.

Mr. Shrestha (Nepal): I would like to begin by extending my sincere appreciation to the President for organizing this High-level Meeting on the Prevention and Control of Non-communicable Diseases. This is a historic opportunity for world leaders to express commitments and agree on concrete actions at the global level in the fight against non-communicable diseases (NCDs).

Non-communicable diseases are a global problem, and Nepal is not immune to them. In fact, Nepal suffers from the double burden of these diseases — communicable and non-communicable. Taking this issue as a priority, Nepal has already made significant progress in terms of assessing the situation of NCDs in Nepal and formulating policies to address them. Nepal's national NCD risk factor survey of 2008 showed that one in three Nepali adults uses tobacco and drinks alcohol on a regular basis, which is a matter of great concern. As in other countries, consumption of junk food and lack of physical exercise is increasing in the urban areas. Environmental pollution also contributes to a high risk of NCDs in Nepal.

Considering all these factors, Nepal is continuously working to improve the laws and policies on the control of NCDs. The Alcohol Control Act, the Tobacco Control and Regulation Act and the Food Act are already under implementation. The Tobacco Control and Regulation Act bans the sale of cigarettes to children under the age of 18 and to pregnant women, and prohibits smoking in public places. The Nepal health sector programme implementation plan for the next five years also focuses on NCDs as an important component.

We are also trying to set up a surveillance system for NCDs by incorporating NCD data in health-management information systems. We created a health tax fund in 1996 that currently generates about $6 million; it is used to support the prevention and control of NCDs and for treating cancers. As we all know, cancer treatment is expensive and beyond the means of poor people. The Government of Nepal is providing financial support of up to 50,000 rupees to people below the poverty line for cancer treatment. We also provide free cancer treatment to children. It is difficult to sustain funding for such expensive treatments, and Nepal is exploring various options for health-care financing and social health protection.

Nepal believes that interventions targeted at modifying known risk factors are very effective and efficient in reducing the burden of NCDs. Cessation of smoking or alcohol use during pregnancy also has an immediate positive impact on foetal outcome, thus contributing to improved maternal and newborn health. Prevention of NCDs will minimize catastrophic health expenditures at the household level and will also lead to increased productivity.

The vicious circle of NCDs and poverty is more evident in the low-income countries. The increased threat of NCDs disproportionately affects the least developed countries, constraining their efforts to achieve the Millennium Development Goals. This ultimately undermines global efforts to reduce poverty.

The least developed countries are in urgent need of the development of national capacities, particularly in the areas of funding, governance, health information, the development of a health workforce and its retention, medical technologies and essential medicines, as outlined in the Global Strategy for the

Prevention and Control of Non-communicable Diseases. International support and cooperation in the area of research and development should help promote easy access to essential medicines, vaccines and medical technologies.

The Government of Nepal is working in close partnership with donors, the World Health Organization and other United Nations agencies, development banks and national and international organizations through a sector-wide approach to health. That approach has proved very effective in enabling us to achieve progress towards the Millennium Development Goals, especially Goals 4 and 5. This High-level Meeting has brought together all stakeholders, not just the ministries of health, in order to create a common understanding of the problems surrounding NCDs. I am confident that working together, we will be able to address the challenges more effectively. It is time for us to scale up our support for the implementation of our common vision.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Annette Widmann-Mauz, Parliamentary State Secretary at the Federal Ministry of Health of Germany.

Ms. Widmann-Mauz (Germany): It is a great honour for me to address the General Assembly today at this historic High-level Meeting on non-communicable diseases (NCDs). NCDs are among the leading causes of both death and disability worldwide. Unless we take bold action within the next decade, NCDs will become the most common cause of death in even the poorest countries of the world.

The burden of disease creates not only individual suffering but also an economic loss that threatens future growth and prosperity. Again, this is likely to affect emerging economies the most. We are therefore grateful that the international community has come together to express its will to intensify the fight against NCDs.

We already know a great deal about what we should do. The more affluent Member States have already had to face the growing challenges resulting from NCDs over the past decades. For many years now, Germany has put a strong focus on the prevention and control of NCDs. We are convinced that the main focus has to be on prevention. In that context, an integrated approach is required that focuses on population-based, non-disease-specific measures to make it easier for people to adopt healthier lifestyles. Crucially, every individual has to contribute.

At the international level, Germany has actively supported the World Health Organization (WHO) and its lead on action against NCDs. The WHO, as all here are aware, has set out a strategic approach in the fight against NCDs and has already developed powerful instruments to reduce exposure to the main risk factors. These include the WHO Framework Convention on Tobacco Control, the Global Strategy to Reduce the Harmful Use of Alcohol and the Global Strategy on Diet, Physical Activity and Health. Of course, we also have the WHO Global Strategy and an agreed Action Plan on the prevention and control of NCDs.

The general response to NCDs includes the establishment of binding norms to involve important actors. For example, efforts are under way to improve labour conditions, environmental quality and human rights. Germany has been at the forefront of such efforts, and thus was well placed to integrate public health awareness into advocacy for the further promotion of such norms.

Key elements of this policy are also part of Germany's international development cooperation policy, which includes a focus on prevention and the underlying social determinants of health and which emphasizes the strengthening of health-care systems and the establishment of social protection mechanisms. There is still a long way to go, and it will not be easy. But I am convinced that with intensified international and intersectoral collaboration, we will be successful.

Allow me to conclude by expressing my profound hope that the adoption of the Political Declaration (resolution 66/2, annex) will trigger coordinated efforts globally, with a sustained impact on NCDs worldwide.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Rudyard Spencer, Minister of Health of Jamaica.

Mr. Spencer (Jamaica): This unprecedented summit obliges all of us to focus on a grave and increasing challenge to Jamaica, the Caribbean region and the entire global community. It is clear that the global burden and attendant threat of non-communicable diseases (NCDs) constitute one of the major challenges to development in the twenty-first century. As reported by the World Health Organization, the increase in incidence of such diseases worldwide suggests that

they are now responsible for more deaths than all other causes combined. NCDs are the world's number one killer and devastate poor as well as rich countries alike. Therefore, responding to NCDs is a moral, social and economic imperative.

It is therefore fitting that, in response to the leadership of the States members of the Caribbean Community, global attention has been accorded to the rising epidemic of NCDs at the highest level. On behalf of my Government, I express our appreciation to all Member States for working together in the spirit of partnership and for making this vision a reality.

As a Jamaican, I am proud to congratulate Ambassador Wolfe of Jamaica who, along with Ambassador Lucas of Luxembourg, served as a co-facilitator and guided the negotiations that culminated in the consensus document which we have adopted (resolution 66/2, annex). I also take the opportunity to express appreciation for the words of commendation conveyed by the President of the General Assembly and other speakers to both co-facilitators.

As the first comprehensive statement by Heads of State and Government at the global level of their commitment to address NCDs, the Declaration provides a good platform for the ongoing consideration by the General Assembly of the development and other impacts of NCDs. However, we are disappointed that the Declaration does not advocate more decisive action so that together we could save millions of the 52 million lives projected to be lost by 2030. Having recognized that there is a global threat which must be addressed urgently, the Declaration fails to commit the international community to ensuring increased and sustained resources to achieve this goal.

Although NCDs are a global challenge, they strike hardest at the developing world and lower-income populations. Strong evidence links poverty, lack of education and other determinants to NCDs and their risk factors. The epidemic creates a vicious cycle whereby NCDs and their risk factors worsen poverty, while poverty results in rising rates of NCDs. There is also a clear link between the incidence of NCDs and the achievement of the Millennium Development Goals. Clearly, addressing NCDs comprehensively will help to eliminate poverty and create a more equitable world.

Notwithstanding our disappointment with the shortcomings of the Declaration, we have achieved some gains. We emphasize the need to scale up the implementation of multisectoral, cost-effective, population-wide interventions in order to reduce the impact of the common NCD risk factors. We believe that that must include health promotion and primary prevention approaches, galvanizing actions for the prevention and control of NCDs, and integrating NCD policies and programmes into health planning processes as well as the development agenda.

Jamaica commits to those measures in the Declaration aimed at saving lives in the short term and at creating a healthy society which will assist in preventing NCDs in the future. These include the commitment to eliminating unhealthy industrial trans-fats in foods and the acknowledgment of the importance of all measures to reduce the consumption of tobacco. Our Government will continue to strive to increase access to affordable, safe, effective and quality-assured medicines and to improve access to palliative and rehabilitative services, particularly at the community level.

Issues at the macro-level which must occupy global attention, include the at-risk youth population, the potential for NCDs to increase poverty, the impact of NCDs on productivity and by extension gross domestic product growth, and the multiplicity of complications associated with NCDs and their impact on health systems. Importantly, the challenge posed by NCDs necessitates the full use of the flexibilities of the Agreement on the Trade-Related Aspects of Intellectual Property Rights (TRIPS), in accordance with the Doha Declaration on the TRIPS Agreement and Public Health. The use of such flexibilities is central to efforts to address NCDs, particularly cancer. NCDs fall squarely within the context of the provisions of TRIPS and Doha. As a compromise package in the negotiations, this relationship was not expressed explicitly in the Declaration, but needs to be reaffirmed in clear and unequivocal terms.

We believe that this High-level Meeting must result in a global consensus on a strengthened commitment to urgent action on NCDs and attendant risk factors. We urge the General Assembly to continue to take an active role in the response of Member States to this epidemic. Victory in this struggle demands the concerted effort of each and every member of the global community. To do nothing is not an option.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ihab Fawzi, Deputy Minister for Foreign Affairs of Egypt.

Mr. Fawzi (Egypt) (*spoke in Arabic*): Egypt attaches great importance to this High-level Meeting as a first step by the General Assembly to mobilize the political support and efforts of the international community to prevent and combat the spread of non-communicable diseases (NCDs). Egypt aligns itself fully with the statement delivered by the Chairman of the Group of 77 and China.

The spread of NCDs represents one of the main challenges to achieving all the Millennium Development Goals by 2015. During the past few years, a number of Member States have taken concrete and serious national steps to address the spread of NCDs at the national level, with the support of the international community.

The global threat and spread of NCDs constitute major challenges to development in our century, especially as cardiovascular diseases, cancer, chronic respiratory diseases and diabetes are responsible for two-thirds of deaths worldwide, 80 per cent of which occur in developing countries.

Alarming facts such as those necessitate a unified stand and effort on behalf of the members of the international community towards ensuring that the right of everyone to the highest attainable standards of mental and physical health are realized. This ongoing challenge requires national ownership to deal with the issues practically and effectively through a comprehensive, equitable and nationally owned framework in order to ensure that all people suffering from these diseases have access to effective prevention, treatment and care by the year 2030.

This endeavour requires special attention to strengthening the national capacities of Member States, developing countries, and especially African countries, taking into account the specificities of the communities and societies of each State and enhancing the abilities of every community to implement national awareness campaigns to address harmful and unhealthy lifestyles. That will require a considerable increase in international financial resources and assistance to help and strengthen national, institutional and human resource capacities and the provision of new and affordable medicines and technologies.

Egypt believes in the importance of strengthening international and regional capacities to combat the spread of NCDs and to provide appropriate assistance, including in the form of sharing successful experiences and lessons learned, in collaboration with the United Nations, the World Health Organization, and relevant international and regional bodies.

The international community has a special responsibility not only to work to provide the financial resources needed to bridge the financing gap for implementing NCDs-related programmes, but also to find radical solutions to the problems of trade-related intellectual property, especially as regards medicines, vaccines and diagnostics technologies. All of this must ensure that treatment is provided at affordable prices, particularly in developing countries, where the increased burden on individuals, families and communities, including impoverishment from long-term treatment and care costs, results in loss of productivity at the individual and family levels, threatening household incomes and leading to productivity loss at the national level, making NCDs a contributing factor to the spread of poverty and hunger.

These efforts should be complemented by an efficient rationalization of assistance directed towards supporting national, local and community level interventions, and strengthening the role of the family and civil society in combating the spread of NCDs, especially as regards the tobacco, medical and food and beverages industries, which have a shared responsibility to contribute to the promotion of healthy lifestyles, including by reducing tobacco consumption and promoting healthy and nutritional products.

Furthermore, the international community has an obligation to eradicate the root causes of the spread of such diseases, including by addressing the negative consequences of climate change, pollution and the economic and social challenges that increase the vulnerability of populations and societies to these diseases, especially in developing countries.

Today we emphasize our sincere determination to combat the spread of NCDs and affirm our firm political will and strong commitment to the principle of national ownership of all prevention, treatment, and care programmes; to strengthening international cooperation and assistance, without conditionality, in order to maximize our benefits; to enhancing our efforts to address the nationally identified determinants

of NCDs, in accordance with the specificities of each Member State and community, so as to realize our common goals and objectives; to intensifying international cooperation through a comprehensive review and assessment of the progress achieved and the use of modern technology at affordable prices in order to achieve the objectives of the Political Declaration (resolution 66/2, annex); to stepping up international cooperation through a comprehensive review and assessment in 2014 of the progress achieved in the prevention and control of NCDs.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Thérèse N'Diri-Yoman, Minister for Health and Fight Against HIV of Côte d'Ivoire.

Ms. N'Diri-Yoman (Côte d'Ivoire) (*spoke in French*): It is an honour to take the floor during this High-level Meeting on non-communicable diseases (NCDs) before this Assembly. On behalf of the President of the Republic of Côte d'Ivoire, His Excellency Mr. Alassane Ouattara, I would like to convey to all international entities of the United Nations system the gratitude and recognition of the people and Government of Côte d'Ivoire for their commitment to settling the post-electoral crisis and in the process of re-establishing the peace and stability that are so crucial to economic development and social progress in our country.

The importance of the subject that brings us together today is reflected in the frightening global statistics on NCDs. Indeed, according to the World Health Organization (WHO), 11 years after the adoption of the Global Strategy for the Prevention and Control of NCDs, 36 million people die each year from such afflictions. In developing countries, the picture is more discouraging. Ninety per cent of premature deaths are due to NCDs among people under 60 years of age.

The health system in Côte d'Ivoire, which normally dedicates the bulk of its internal and external resources to combating infectious diseases, has been weakened by the crisis. Unfortunately, this post-crisis context has gone hand in hand with an increasing NCD burden. According to the cancer register of Abdijan published in 2000, 2,815 new cases of cancer were recorded in the city of Abdijan alone, with cancer among women, as well as primary liver and prostate cancers, leading the list. Among children, prevalency rates were at 37.6 cases of cancer, with a predominance of lymphomas. Among metabolic diseases, in 2008 the prevalence of hypertension among adults over 25 years old was 33.4 per cent, and stood at 6.2 per cent for diabetes. For the same year, roughly 33 per cent of deaths in Côte d'Ivoire were due to NCDs, and 87 per cent of those cases affected people under 60 years old.

In Côte d'Ivoire, for women, 59 per cent of deaths are due to maternal or perinatal infection and malnutrition. There has been a spike in mental health pathologies during the recent crisis, as well as asthma and sickle-cell anaemia, for which an increase in doctor visits has also been registered.

Given this genuine problem for development, Côte d'Ivoire has increased its efforts by implementing national programmes to address specific public health concerns, such as nutrition, the fight against tobacco and alcohol addiction, and the effort to counter metabolic diseases such as hypertension, diabetes and obesity. Those programmes are intended to intensify prevention and improve medical care for these grave chronic diseases so as to capitalize on prior gains, such as the prioritization of chronic NCDs as a public policy concern in the national health development programme for 2009-2013, the financial commitment of the State via budget allocations to preventing and combating NCDs, the monitoring of risk factors according to the STEPS approach of the WHO, and tracking morbidity tied to diabetes and high blood pressure.

Additional goals focus on prevention and promoting health among the general public, with an emphasis on primary prevention and promoting healthy life styles and low-risk behaviours, strengthening infrastructure with the recent opening of a fourth kidney dialysis centre in the country's interior, subsidizing anti-cancer and insulin therapy, and treating cardiovascular diseases whose care requires equipment. My country has also broadened its support structures beyond its traditional institutional partners to include, inter alia, non-governmental organizations, the West African Health Organization, the African Union, patient organizations and the private sector.

Despite the difficult economic situation of Côte d'Ivoire, on 16 April the President of the Republic adopted an exceptional measure that waives the cost of all health services provided by public, semi-public and registered community establishments. Those services include doctor and clinic visits, medications, surgical

procedures, hospitalizations, birthing services and free caesarean procedures.

With respect to non-communicable diseases, on 11 August the Government of Côte d'Ivoire adopted a combined policy and action plan for 2011-2014 aimed at the prevention and treatment of NCDs, based on principles, strategies and methods to promote health. The comprehensive plan, involving all activities and ministerial departments that are dealing with non-communicable diseases, demonstrates our resolve to move forward and clearly indicates the actions necessary over the next for years.

With respect to strengthening prevention measures, promoting health and countering non-communicable diseases, the Government of Côte d'Ivoire would like to offer several proposals that could be extended to all. Those include support for the implementation of the 2011-2014 comprehensive plan for the prevention and control of non-communicable diseases; for the specialized training of Ivorian doctors in appropriate care methods for those suffering from chronic non-communicable diseases; for the creation of a radiotherapy unit; support for the combat against non-communicable diseases in low- and middle-income countries via a trust fund funded essentially through standard taxation of the production and sale of tobacco and alcohol.

In conclusion, Côte d'Ivoire reiterates its heartfelt gratitude for the unfailing support of the General Assembly in improving the country's health system. We thank the Secretary-General for convening this historic meeting. Côte d'Ivoire takes the opportunity to again commend the remarkable international solidarity of this meeting, because, as Mother Teresa said, the greatest suffering is to feel alone, unloved and abandoned by all.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Basile Ikouebe, Minister of Foreign Affairs and Cooperation of the Congo.

Mr. Ikouebe (Congo) (*spoke in French*): The Republic of the Congo is pleased to participate in the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases. We see the emergence of non-communicable diseases as an additional burden to be added to the scourge of communicable and tropical diseases that go unnoticed, as well as those addressed by Millennium Development Goals 4, 5 and 6. Indeed, the epidemiological data has revealed the increasing role of non-communicable diseases in the morbidity and mortality of adults.

This is also true of hypertension, which in the Congo stands at 32.5 per cent. Given its related complications, this disease has become the first cause of death among adults, in particular by resulting in stroke. Two out of three Congolese over 55 years of age suffer from that disease. It is distinguished by its early appearance, affecting 20 per cent of adults between 25 and 34 years of age. The national rate of diabetes is 7 per cent, representing a silent epidemic given the lack of systematic screening.

Since 2009, however, the Government has been carrying out a strategy of minimum care packages in all primary health care centres and all health districts. Thus, at the operational level, the Government is improving delivery and access to care for patients with diabetes and the training of health professionals in this sector, with more efficient mobilization of logistical resources and improved health education on diabetes and other risk factors related to stroke.

With respect to sickle-cell anaemia, which is very common in the Congo, the heterozygote form has a 25 per cent prevalence rate. It is important to welcome here the commitment of the first ladies of Africa, whose high-level mobilization efforts have made this blood disease a medical priority. Also, based on the Congo's initiative, the General Assembly declared 19 June of each year World Sickle-Cell Anaemia Awareness Day.

The cancer registry in Brazzaville records on average 90 new cases each year. The most frequent cancers are those of the prostate, breast, liver and cervix. The burden of morbidity and mortality attributed to those diseases is growing year by year, and the Congo is making it a priority of its new health sector development plan for 2012-2016. Our strategic plan and integrated policy to counter non-communicable diseases are being drafted and will be finalized based on the guidelines of the World Health Organization (WHO).

During the regional consultation on the prevention and control of non-communicable diseases held in Brazzaville from 4 to 6 April, the African Ministers of Health adopted the Brazzaville Declaration, which outlines the shared position of the States members of the WHO African Region.

For the Congo, as is the case everywhere, health is at the heart of the concept of human development and an essential component of the poverty reduction strategy. The Government's health policy is based on the principles of equity, accessibility, decentralization and community participation.

Lastly, I reiterate the support of my delegation for the Political Declaration just adopted (resolution 66/2, annex) and hope that the issue of non-communicable diseases, which is so important, will be included among the development goals.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Ghulam Nabi Azad, Minister for Health and Family Welfare of India.

Mr. Azad (India): At the outset, allow me to congratulate the United Nations on convening this High-level Meeting on the extremely important and topical issue of non-communicable diseases (NCDs). These have emerged as a leading cause of illness, disability and death and pose a mounting challenge to health-care practitioners, administrators and policymakers worldwide.

As far as India is concerned, we are faced with the triple burden of communicable diseases, new and re-emerging infections and an increasing incidence of non-communicable diseases. More than half of all deaths are now attributable to non-communicable diseases. However, we must recognize that conditions such as mental and neurological disorders also require special attention.

As India's Minister for Health, I am privileged to be here, and I believe that such a massive global effort will be very useful in sensitizing policymakers at the highest levels to the need to allocate sufficient resources to combat NCDs.

We are conscious of the fact that NCDs are not only a health issue but also a development issue, as they impact productivity and impoverish the society due to high health expenditures.

The Government of India has launched a national programme for prevention and control of cancer, diabetes, cardiovascular diseases and stroke and the national programme for health care for the elderly. This has been taken up for implementation as a pilot project covering a population of 150 million in 100 inaccessible and most backward districts during the current financial year, 2011-2012, at a cost of $275 million. As I speak here today, screening for diabetes and hypertension is being carried out in those 100 districts in 21 states and in urban slums in 33 cities with a population of more than 1 million. Our target is to screen about 150 million people by 2012 under this pilot project. I believe this would be the largest such exercise attempted anywhere in the world. I am happy to state that this programme will be rolled out in the entire country in April 2012.

Our commitment to tobacco control remains firm. India was one of the initial countries to sign and ratify the Framework Convention on Tobacco Control. We have passed a very comprehensive Tobacco Products Control law, which bans smoking in public places, the sale of tobacco products to those below 18 years of age and the direct or indirect advertisement of tobacco products

India's technology innovations have led to affordable health care not only for our population but also for many other countries in the world. We must therefore address the issue of trade barriers, which restrict access to affordable and newly developed medicines. It is vital to ensure universal access to medicines, including the full use of the flexibilities contained in the Agreement on Trade-Related Aspects of Intellectual Property Rights, Including Trade in Counterfeit Goods (TRIPS) and the Doha Declaration on the TRIPS Agreement and Public Health.

This meeting provides us an historic opportunity to reaffirm our commitments in terms of both financial and human resources for combating NCDs. We need to make concrete commitments on sharing global resources, technical expertise and best practices to build capacity to combat NCDs.

In conclusion, let me reaffirm India's strong commitment to the outcome document and our firm resolve to prevent and combat NCDs by improving accessibility to and affordability of health care in a concerted and more collaborative manner.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Amenta Matthew, Minister for Health of the Marshall Islands.

Ms. Matthew (Marshall Islands): It is a distinct honour and pleasure for me to convey, on behalf of His Excellency President Jurelang Zedkaia and the people of the Republic of the Marshall Islands, our warmest "yokwe" greetings to the President, the Secretary-

General, heads of State and other delegates at this important global meeting.

As a Pacific small island developing State, the Marshall Islands is particularly burdened by non-communicable diseases (NCDs), given our unique geographical characteristics and constraints. NCDs were among the issues highlighted during the meeting of Pacific Island Ministers for Health, held in June in the Solomon Islands, and in the resulting Honiara Communiqué on the Pacific Non-communicable Diseases Crisis. This Communiqué has been affirmed in this month's statement from the Pacific Island Forum leaders. It signifies leadership for a strengthened and coordinated regional and global response to this crisis.

NCDs in the Pacific region, including the Marshall Islands, are mainly caused by lifestyle changes and are now becoming a serious epidemic. The Marshall Islands is urgently mobilizing to address this crisis through strong and appropriate steps that recognize the true emergency facing us. Our priorities include diabetes, as the Pacific is experiencing one of the highest prevalence rates in the world, and cancer, our leading cause of death, as well as contributing factors including alcoholism, obesity and smoking. These lifestyle-related NCDs are brought about by some issues that we can more readily address, including exercise and a healthier diet, and by underlying contributors such as poverty, unemployment and inequality.

Our low-lying atoll nation faces unique challenges in addressing food security. The global community must improve understanding of these crucial interlinkages. Given the prohibitive costs of NCD treatment and care, our vulnerable households are often caught in a cycle of debt, impoverishment and illness, resulting in barriers to education and entering the work force. That compounds the hurdles to achieving basic development goals.

Our Ministry of Health is already allocating substantial resources to treating NCDs — a clearly unsustainable trend that is likely to worsen in the future if nothing is done. The Marshall Islands, like other Pacific Island nations, faces capacity limitations in human and financial resources for addressing NCDs. However, we are guided by a handful of success stories such as our Wellness Center, which encourages healthy diets instead of medication.

The Republic of the Marshall Islands is fully committed to rapid implementation of the Healthy Islands Action Plan, which intensifies the use of preventive interventions. We stand behind the regional commitment made by the Pacific Island Forum leaders.

To provide the appropriate level of attention to this crisis, the United Nations and its Member States should now consider several key principles. First is that addressing NCDs will contribute greatly to our overall development goals, including the Millennium Development Goals. Secondly, the NCD crisis requires a coordinated global response, with stronger leadership at national, regional and international levels. Thirdly, national, multisectoral responses to NCDs are cost-saving and effective in addressing both NCDs and their underlying factors. Finally, the success of this High-level Meeting depends on sustained action and accountability.

The Marshall Islands continues to forge closer working relationships across all sectors and with regional and international partners to address NCDs. The Marshall Islands strongly supports the positive step and precedent set in 2009 by the World Health Organization in inviting Taiwan to participate as an observer in the World Health Assembly. Taiwan's valuable participation in that Assembly has significantly strengthened the global health network and deserves recognition at this Meeting. Such effective participation should be expanded, as the international community stands to gain.

The Republic of China on Taiwan is a primary partner in addressing NCDs, including through medical mobile missions in our local hospitals, donations of medical supplies and, most significantly, the treatment of cataract patients with diabetes. That important progress — and our gratitude — must not be overlooked.

The Acting President (*spoke in French*): I now give the floor to Her Excellency Ms. Fatim Badjie, Minister of Health and Social Welfare of Gambia.

Ms. Badjie (Gambia): The Gambia is deeply concerned about the unprecedented rise of non-communicable disease (NCD) morbidity and mortality across the globe. I am very much convinced that NCDs thrive on rapid changes in our lifestyles, wherever we may be. By cutting down on tobacco use and alcohol abuse and being mindful of unhealthy diets and insufficient physical activity, as well as by putting

in place mechanisms for prevention, such as cancer screening and HVP vaccines for adolescents, and for management and treatment of NCDs such as hypertension and diabetes, experts have said that millions of lives can be saved globally each year.

The Gambia believes that the risk factors I mentioned are beyond the individual and cannot be addressed except through global unity and action, together with country-specific initiatives. Hence, the timeliness and importance of this is Meeting cannot be overemphasized.

Responding to the NCD challenges, I am pleased to state that the Gambia has taken the following initiatives. Mindful of the need to protect non-smokers, the Gambia legislated against public smoking through the enactment in 1998 of the Prohibition of Smoking (Public Places) Act. To reduce demand on tobacco consumption, the Gambia banned tobacco advertisement in the mass media through the 2003 Ban on Tobacco Advertisement Act. The Gambia also unconditionally ratified the World Health Organization (WHO) Framework Convention on Tobacco Control in 2007. Currently, in collaboration with the local WHO office, the Gambia plans to develop a national tobacco control strategy.

Mindful of unhealthy diets, the Government of the Gambia, through a back-to-the-land initiative, is promoting the cultivation and consumption of home-grown foods. The initiative has generated interest among the Gambian populace and has generally improved food security in the communities.

As we take stock of the global challenges of NCDs, I wish to remind the Assembly that here is an urgent need to commit more efforts and resources to addressing the determinants of NCDs within and across countries. There is a need to facilitate coordinated action within and among countries in sharing experiences and best practices on NCD prevention and control. We need to strengthen our health systems to effectively respond to the wide and growing challenges posed by NCDs.

Responding to that need, the Gambia is at this very moment finalizing a five-year integrated policy and action plan for NCD prevention and control. The Ministry of Health and Social Welfare is also in the process of establishing a health promotion directorate that will also house an NCD division. The policy and creation of the directorate are intended to give the strategic push needed to address the promotion of health and the prevention of NCDs as members of the same family.

In conclusion, I think the time has come for the world to act fast and to translate the known scientific evidence on NCDs into realistic and concrete actions at all levels. We in the Gambia remain committed to this cause, and we are optimistic that the world, working together, can stem the unprecedented rise in NCDs. I therefore thank our international partners for their invaluable support in the prevention and management of communicable diseases over the past years, and for taking up NCDs more seriously.

The Acting President (*spoke in French*): I now give the floor to His Excellency, Mr. Alberto Tejada, Minister of Health of Peru.

Mr. Tejada (Peru) (*spoke in Spanish*): Non-communicable diseases, also known as lifestyle diseases, are a serious problem throughout the world. Today, far more people are affected by them in medium-income and poor countries. In addition to the cost in human pain from early deaths and disability, there are catastrophic costs for families and nations that perpetuate the cycle of poverty, undermining their development and well-being.

Non-communicable diseases are not an accident of our biology or an unforeseeable flaw in our genes. Rather, they represent an epidemic caused by environmental, technological and economic change that we have created by following a model of consumption that harms human health and the environment.

Still, there is good news. Today we know far more about how to prevent and treat such diseases. That is where our focus should be — on prevention. We need to move away from the dangers of excess weight, junk food, tobacco, alcohol abuse, sedentary lifestyles and poverty. President Ollanta Humala Tasso's Administration encourages and promotes socially inclusive development. We must focus on education and on developing public policies to make it easier for the whole population to lead healthy lives. Our current efforts on tobacco and alcohol offer a valuable example, but in diet and exercise we must find more effective measures.

We suggest the following. We need to protect local traditional cuisines that use whole, natural foods

and that are central to the identities of communities. We must limit the increasingly widespread advertising of processed junk food directed at all segments of the population. The World Health Assembly alerted us to that danger in its 2010 meeting, especially in regard to children. Schools must actively promote physical education and good nutrition and teach new generations better eating habits. We must improve production and the low-cost availability of natural food in order to encourage its widespread consumption. We also think junk food should be taxed, as tobacco is. No less important, we must encourage breastfeeding during the first six months of life, and enforce the laws about commercial substitutes.

We also believe that public policies should encourage physical activity and recreation, providing workplace spaces and safe, healthy outdoor spaces for that purpose. We need to enlarge our network of community health centres. Lastly, we must not neglect the sick, especially the poor, and we must grant them access to adequate care. I therefore assert the commitment of the Government of Peru to a policy of universal access to insurance coverage and medicines for all. In this, we lean on the principles of the World Trade Organization Declaration on the Agreement on Trade-Related Aspects of Intellectual Property Rights and Public Health, of November 2011.

The Acting President (*spoke in French*): I now give the floor to His Excellency Mr. Luis Estruch Rancaño, Vice-Minister of Public Health of Cuba.

Mr. Rancaño (Cuba) (*spoke in Spanish*): Cuba appreciates the efforts made by the General Assembly, which 10 years ago first confronted the public health challenge of the AIDS epidemic. We are now focusing on a second issue of world importance — non-communicable diseases (NCDs). Cuba has participated over the past two years in the World Health Assembly meetings in Geneva and its regional ministerial summit conferences in Mexico and Russia. A general consensus has been reached on how to confront these difficulties confronting humankind.

Cuba faced a period when it had to deal with infectious diseases and high child mortality rates, a process that required the country's social transformation. We have achieved a child mortality rate of 4.5 per 1,000, with a rate of 6.3 per cent for children under five and a general life expectancy of 78 years.

Currently, 7 per cent of deaths are caused by infectious diseases and 67 per cent by NCDs. We have sought to conduct rigorous epidemiological monitoring for risk factors. As a result, tobacco consumption has fallen from 38 to 23 per cent in 10 years, while the incidence of obesity and hypertension pressure has increased. We have instituted awareness programmes to help reduce salt and sugar consumption, though in itself that is not enough to deal with the current situation with NCDs.

Today our country is tackling this epidemic in 10 main areas. We are strengthening primary health care. Cuba has free medical care accessible to all, and we are reforming our approach with greater attention to awareness and prevention. We are improving care for children and women, particularly regarding the issues under discussion. We have implemented a multisectoral approach with other ministries to the areas of promoting sport and reducing tobacco and alcohol consumption. Our improved social communication programme has helped us to raise awareness of risks and promote lifestyle changes. We are preparing new laws for adoption by the central Government, and working with every sector of civil society — including women, children, young people and farmers — seeking to have greater impact on risk awareness and behaviour.

We are also attempting to promote health in more practical ways. We produce 80 per cent of the medicines we need, but we are also seeking the cooperation of the food industry in order to reduce salt, sugar and trans-fats in its products. The Council of Ministers is currently working on a strategy for 2011 to 2015 to improve intersectoral strategies on risk factors.

Today, the global economic crisis, the growing effects of climate change and food insecurity, and the dangers of war and natural disasters are putting poor countries in a worse position to address the complex challenges presented by NCDs. In its 50 years of dealing with the American blockade and operating under the same challenges that we have discussed in the Assembly in the past, we call for joint scientific approaches and the sharing of lessons learned between all countries, and for continued international solidarity. For instance, more than 200,000 Cubans have offered their medical services abroad and trained human resource personnel in more than 78 countries. No country in the world is free of the fatal and economically unsustainable effects of NCDs, but if we

all work together pursuing clear policies, we can work to combat them.

The Acting President (*spoke in French*): I now give the floor to Mr. Mahmoud Fikri, Under-Secretary for Health Policy Affairs of the United Arab Emirates.

Mr. Fikri (United Arab Emirates) (*spoke in Arabic*): I am honoured to address the General Assembly on behalf of the Gulf Cooperation Council (GCC). At the outset, I would like to offer the President our thanks and appreciation for convening this important meeting, and to the Secretary-General for his report on this subject (A/66/83), whose recommendations we support.

Non-communicable diseases (NCDs) unquestionably represent a huge economic, social and health burden. They hinder global economic development and challenge national and international efforts towards reaching the Millennium Development Goals. The GCC therefore emphasizes the importance of prioritizing the issue of NCDs in our development programmes.

Our national, regional and international efforts should focus on providing financial support for NCD prevention and control programmes. Governments should undertake to combat these diseases at the national level. The GCC countries are keen to forge cooperative alliances and partnerships with the international community in providing assistance to developing and poor countries in supporting their development and health-care programmes.

The changes that have taken place in GCC countries due to population growth, the high cost of living, including lifestyle changes, and shifts in disease patterns have led to an enormous increase in the prevalence of cardiovascular disease, diabetes and respiratory and other chronic diseases. Of the region's health problems overall, 45 per cent are attributable to NCDs, and that figure is projected to reach 60 per cent by 2020. Diabetes and cardiovascular and arterial disease are the major killers in the GCC countries.

The health and economic burdens of NCDs are thus increasing, which has led our Governments to take swift action to control and combat them. Over the past four years, the Council of Health Ministers of the GCC countries, which with coordinates and develops common statements and declarations on health, has adopted a number of significant decisions, recommendations and documents, such as the Riyadh Declaration on Diabetes Economics; the Al-Manama Declaration on the Economics of Cardiovascular Diseases; the Jeddah Declaration on Care of Diabetic Patients; and the Dubai Declaration on Diabetes and Chronic Non-Communicable Diseases in the Middle East and North Africa (MENA) Region. In addition, we also instituted a tobacco control programme in 1979 that received an award from the World Health Organization (WHO) in 1999.

In February 2011, the Council of Health Ministers adopted several declarations and resolutions on developing and supporting initiatives to combat NCDs, a policy initiated in Bahrain for the entire region from 2011 to 2020. The Council also adopted a comprehensive and integrated plan aimed at combating diabetes within the WHO guidelines and those of the Middle East and North Africa Diabetes Leadership Forum, held in Dubai in 2010.

We are fighting NCDs with special attention and care to women, especially pregnant women, children, and the empowerment of women and other patients.

In December 2011, an international conference on diabetes will take place in Dubai in partnership with international economic forums and many United Nations agencies.

In conclusion, we wish to reiterate our full support in this area. We shall cooperate effectively with our partners to implement the recommendations and decisions of the United Nations, and we support the Political Declaration (resolution 66/2, annex) adopted at this High-level Meeting.

The Acting President (*spoke in French*): I give the floor to Mr. Raed Arafat, Under-Secretary of State at the Ministry of Health of Romania.

Mr. Arafat (Romania): It is likely that all of us gathered here today are deeply concerned that the global burden of non-communicable diseases continues to grow. That is why Romania expresses its gratitude and support for this initiative designed to develop an integrated global policy on the prevention and control of non-communicable diseases.

Romania also supports the Political Declaration adopted by this High-level Meeting (resolution 66/2, annex) and considers it to be a necessary step at the global level for reducing health inequity. The background of the adoption of the Declaration reveals

the urgent need for global cooperation in addressing this emerging challenge. We believe that the adoption of the Declaration provides an opportunity for States to establish forward-looking policies in this area, which are absolutely essential not only in terms of health and welfare but also economically and socially.

Preventing non-communicable diseases would reduce poverty, especially since most expenditures for treatment in low- and middle-income countries are paid either through private systems or take the form of informal payments. We believe that the Declaration may lead to an environment that will allow people to take responsibility for their own health. We see the Declaration and this meeting as a lever to mobilize national policies and create conditions that motivate individuals by changing their attitudes and behaviours. However, we emphasize the importance of public actions and strategies in making the right individual choices easier.

It is becoming increasingly obvious that Governments have the responsibility to fulfil the very important role of responding to the challenge of non-communicable diseases and that effort and commitment from all sectors of society are essential to generating effective responses to prevent and control these diseases. Health must be taken into account in all policies.

The approach to non-communicable diseases should be twofold — first, through well-designed prevention programmes tailored to national and regional population needs, and secondly, through the early detection and treatment of non-communicable diseases using proven diagnostic and treatment technology, leading to reduced morbidity and mortality in this area.

We recognize therefore the critical importance of strengthening health systems, including infrastructure, health care, human resources in health, and health and social protection systems, especially in developing countries, in order to respond in an efficient and equitable way to the health-care needs of people with non-communicable diseases.

Romania considers it essential to raise awareness of the importance of investments in health as a precondition to economic development, and welcomes the Declaration's recommendation to strengthen national health systems, especially with regard to investments in prevention and treatment of diseases caused by non-communicable diseases, including support for associated palliative care. Only in the context of ensuring sustainable health-system financing can consistent action be taken to guarantee economic development.

In Romania, in recent years we have undertaken a number of initiatives consistent with the goals set forth in the Declaration. The first such initiative, launched in 1997, was a project entitled "A healthy lifestyle based on nutrition and physical activity" for children and adults. The results of the project were included in the EuroHealthNet 2009 report, "Focusing on obesity through a health equity lens".

A second project, called "Increased access to high quality prevention services: healthy nutrition and physical activity for children and adolescents in Romania", aims at stopping and reversing the trend of increasing overweight and obesity cases among children and adolescents in the country by 2020. This project, which started just last year, was financed through cohesion funds from the Government of Norway.

A third project is a State-funded programme for the early detection of acute myocardial infarction and early access to definitive care for patients with this condition. It was launched in August 2009 and takes into consideration the high acute myocardial infarction mortality rate of 13.5 per cent. According to preliminary data, the project has led within one year to the reduction of the rate of acute myocardial infarction mortality nationwide by 3 per cent and, in the 10 pilot centres where it was implemented, by up to 40 per cent.

These data may lead us to the conclusion that State-funded, specifically targeted projects originating from evidence-based medical practices can lead to reduction of morbidity and mortality in a very short time span. Combining such projects with prevention projects will surely lead to further important reductions in morbidity and mortality in the medium and long terms.

Again, we want to thank the United Nations for its efforts in promoting awareness in the framework of an integrated policy for reducing global inequalities generated by non-communicable diseases, and for raising awareness of the need for a concerted and coordinated policy response to include the prevention and control of non-communicable diseases in global

development initiatives and in related investment decisions.

The Acting President (*spoke in French*): I give the floor to Mr. Murat Tuncer, Head of the Department of Cancer Control of the Ministry of Health of Turkey.

Mr. Tuncer (Turkey): It is a pleasure for me to address the General Assembly today on behalf of the Republic of Turkey on the very important subject of non-communicable diseases (NCDs). I would like to thank the Secretary-General, the President of the General Assembly and the Director-General of the World Health Organization for having organized this significant gathering.

For the second time in the history of the United Nations, a High-level Meeting is being held on an emerging health issue — non-communicable diseases. As is known, in the past 20 years there has been a dramatic shift from communicable diseases to non-communicable diseases. NCDs are the most serious and dangerous future problem faced by human beings. We appreciate the 2008-2013 Action Plan for the Global Strategy for the Prevention and Control of Non-communicable Diseases in this regard.

Cancer is gaining in priority and importance among NCDs every day. There exists a metamorphosis in cancer control today, and we need to understand it. Cancer control is unique; consisting of more than standards, it is preventive more than therapeutic, and is both analytic and scientific. Cancer profiles are also unique, and differences, determinants and barriers must be figured out. Cancer control should be global public policy more than governmental policy. The establishment of cancer control institutes at the national level is necessary now. Otherwise, all our talk and deliberations, though sincere, would only lead to inconclusive efforts. Indeed, we need a specific institution to provide regional oversight for cancer control programmes.

Cancer control is one the biggest problems, and is becoming increasingly serious every day in developing countries. Lack of coordination among Governments and non-governmental organizations (NGOs) is a critical barrier for effective cancer control programmes and action plans in those countries. The question is, who should take the initiative and who will lead the cancer control action plan? The critical answer to that question entails the establishment and functioning of national cancer control institutes. In that context, the international community should promote and support such institutes at the national level using specific instruments.

The next step ought to be to determine the profiles, objectives and structures of those institutes. We believe that cancer control institutes should have some degree of independence from health ministries. They need to have a scientific dimension and work towards developing unique, effective, sustainable and appropriate control programmes by using research modalities and regional resources. It is of central importance that these institutes cooperate effectively with NGOs and patient advocacy groups. Cancer institutes should focus in particular on cancer registries, prevention and screening and palliative care. Attention to human resources and capacity-building is a must in that regard. The stability of regional and international implementation of cancer control programmes should continue.

I would now like to provide a brief overview of the Turkish nation's cancer control plan and our international endeavours in that regard. Turkey has a cancer budget of €2.3 billion — the sixth-largest in Europe. We have 170,000 new cancer cases every year. Some components of our national cancer control strategy programme include management, registries, prevention, screening, early detection, treatment, palliative care and public awareness-raising. We have established active, population-based cancer registries, the data of which have now been accredited by the International Agency for Research on Cancer (IARC).

The cervical, breast and colorectal cancer screening programme has been expanded to a total of 124 early diagnosis and screening centres, which means that we have at least one such centre in each city. On average, the centres diagnose more than 2,000 new cancer cases each year. Screening coverage is now at nearly 50 per cent, while our aim is to reach more than 70 per cent by 2015. We have published a palliative care action plan, which covers every step in the palliative care process. We will establish a total of 54 cancer treatment centres in Turkey by 2023.

This year, Turkey was accepted as the twenty-second member of IARC. We are also an active member of the Middle East Cancer Consortium, the Asian Pacific Organization for Cancer Prevention, the Mediterranean Task Force for Cancer Control, the Asian National Cancer Centers Alliance and the Black

Sea Countries Coalition on Breast and Cervical Cancer Prevention. In that regard, we are ready to share our regional and international experiences in support of United Nations and World Health Organization activities.

The Acting President (*spoke in French*): I now give the floor to the representative of Cameroon.

Mr. Tommo Monthe (Cameroon) (*spoke in French*): Allow me, first of all, to take this opportunity to warmly congratulate the President on his election as President of this session of the General Assembly. I also congratulate the members of the Bureau. I am convinced that his eminent qualities will allow for fruitful and constructive dialogue and ensure the success of our endeavours. I assure him of the full cooperation of my country and my delegation.

Non-communicable diseases (NCDs), which are the subject of our debate, pose a new challenge in efforts to improve global health. While the international community has long accorded priority to the fight against transmissible diseases, such as HIV/AIDS, malaria and tuberculosis, the four main types of NCDs — cardiovascular disease, diabetes, cancer and chronic respiratory diseases — receive scant attention in developing countries, until they become epidemics.

One is tempted to liken the evolution of these chronic diseases and their risk factors over the past several years to the sound of a drumbeat warning — as is traditional in Africa — of a major threat that could even imperil our societies. The situation is all the more worrisome to the extent that, by 2030, NCDs are projected to cause five times as many deaths worldwide as transmissible diseases, including in low- and medium-income countries, which have until very recently not been seriously affected. Like other developing regions of the world, Africa is experiencing a steady increase in NCDs, as well as in the resulting use of health services to counter such formidable diseases.

That said, we may first ask ourselves how we reached the point where NCDs have become a worldwide threat. There are several possible explanations, of course, but there is one reality that we see throughout the world, that is, changes in lifestyle in the wake of major advances in science, technology and development. Indeed, if progress in the modern age has made it possible to improve the quality of life of humankind, it has also proven detrimental to our lifestyles, which are not always conducive to good health.

The main risk factors and methods of preventing these diseases are well known. Were such risk factors as tobacco use, unhealthy diets, lack of physical activity and alcohol abuse removed, at least 80 per cent of all cardiovascular diseases, strokes and type-2 diabetes would be eliminated, whiled 40 per cent of cancer cases would be prevented. Given that challenge, it would not be out of order to look at what has been done to prevent or counter these scourges.

Global awareness has increased over the past 10 years, thanks to the adoption of the Global Strategy for the Prevention and Control of Non-communicable Diseases, adopted during the fifty-third session of the World Health Assembly. Since 2000, the World Health Assembly has adopted a number of resolutions on measures to be implemented, in particular the World Health Organization Framework Convention on Tobacco Control, in 2003; the Global Strategy on Diet, Physical Activity and Health, in 2004; and the Global Strategy to Reduce the Harmful Use of Alcohol, in 2010. In 2008, the Assembly endorsed the 2008-2013 Action Plan for the Global Strategy, focusing in particular on low- and middle-income countries and vulnerable populations.

In Africa, efforts to combat non-communicable diseases are among the priorities identified in the World Health Organization strategic guidelines for 2010-2015. In that connection, regional committees have adopted a number of strategies on mental health, cardiovascular disease, cancers, sickle-cell disease and on combating smoking and the harmful consumption of alcohol.

For many years, Cameroon's health policies were focused on countering infectious diseases and those which were not vaccine-preventable. My country tended to concentrate on achieving the Millennium Development Goals, and therefore did not escape the phenomenon of an epidemiological shift with the emergence of non-communicable diseases. Recent statistics on premature deaths caused by these supposedly silent diseases — in particular cardiovascular disease, diabetes and cancer — are of great concern.

Cardiovascular disease is increasingly striking the youngest swathe of our population. Six per cent of our adult population is living with diabetes. Twenty-five per cent of that same group lives with

hypertension. There are 12,000 new cancer cases recorded each year, while epilepsy affects 6 per cent of the population. Five per cent of the total population is afflicted with asthma, while 20 per cent are carriers for sickle cell anaemia. Psychological and mental disorders account for 5 per cent of the overall disease burden in the African region.

Cameroon is well aware of this situation and of the need to ascertain the extent of non-communicable diseases. Therefore, in view of its goal of becoming a country with an emerging economy by 2035, my country has made non-communicable diseases a priority in the context of its strategic public health planning. Various measures that aim to reduce the risk factors for these illnesses have been adopted for the period 2011-2013. Among them, we have taken steps to reduce the use of tobacco and alcohol, particularly through warnings on cigarette packages and by prohibiting the sale of alcohol to minors under 18 years of age.

We have also promoted the replacement of trans-fats by polyunsaturated fats in food products, and are campaigning to raise public awareness about the health benefits of a balanced diet and the importance of engaging in physical activity. We are also promoting vaccination against hepatitis-B, as part of an expanded vaccination programme.

In addition, after Cameroon joined the International Partnership for Health and Related Initiatives, in June 2010, the Minister of Public Health, along with all interested stakeholders and groups, conducted an analysis of that sector that resulted in the formulation of a new policy and the revision of the national health development plan.

At the institutional level, special emphasis was placed on reactivating coordination and research on non-communicable diseases in the relevant branches of the Ministry of Public Health through improved staff training.

Furthermore, Cameroon has made great progress in the area of norms by ratifying the World Health Organization Framework Convention on Tobacco Control, the Brazzaville declaration on the prevention of non-communicable diseases and the Moscow declaration on healthy lifestyles and non-communicable disease control.

In addition, with a view to integrating health into my country's overall development plan, a large-scale project to provide our hospital infrastructure with major technical equipment and medical supplies capable of delivering quality diagnostics has been implemented as part of an increased commitment to addressing non-communicable diseases. Particular emphasis has also been placed on a preventive approach in the fight against those diseases through wide-scale programmes of public health awareness.

I would like to conclude by saying that combating non-communicable diseases, and mobilizing the necessary financial resources to accompany and implement the measures of our plan to combat those diseases, continues to be Cameroon's main challenge. We are therefore committed to continuing to step up our fight against non-communicable diseases by bolstering human, material and financial resources and by developing and implementing our first integrated multisectoral strategic plan to prevent and combat such diseases. In that regard, my Government is currently working to establish a national fund to address public health emergencies and provide funding for prevention efforts in this sector, including on combating non-communicable diseases.

By the same token, Cameroon, along with the other African countries, calls for the establishment of a global fund to combat non-communicable diseases, in the hope that funding allocated by the international community will not compete with funds already earmarked for global care of the non-communicable disease that I have mentioned, for which sub-Saharan Africa is still paying a heavy cost.

My country avails itself of this opportunity to thank its partners in development and to express the hope that we may continue to count on them to meet our challenges.

I cannot conclude without recalling that there are only four years left until 2015, the deadline for the achievement of the Millennium Development Goals. It is by that date that countries are working to meet the commitments made 10 years ago to significantly improve the living conditions of their people. The evident progression of non-communicable disease in developing countries is seriously undermining our progress towards achieving those Goals. Yet there is hope. We can meet this challenge through collective action and by sharing successful experiences and strengthening national, regional and international networks to combat non-communicable diseases.

The meeting rose at 9 p.m.